



Sarah Green has completed this personal reflection on **24/01/2024**

Paper: Autumn 2023 CPD Questions

Personal Reflection:

Study 1 - Non-Vascular considerations when interpreting extremity arterial and venous examinations

Description of the learning - the article provided an overview of non-vascular pathology for the vascular sonographer. Quite often, non-vascular pathology can be present (especially when scanning for DVTs) therefore it is important to be mindful of the ultrasound appearances of them as this could aid the patient's ultimate diagnosis.

Evaluation/Analysis/Conclusion - This article is an extremely useful and succinct guide for the vascular sonographer who perhaps has not had any experience in MSK ultrasound. It provides helpful images and pictorial guides of what to look out for in an easy to understand format. I have done MSK ultrasound and studied very thick textbooks in much more in depth. If I had this article when I was studying MSK back in 2018, it would have most certainly helped me!

Action Plan - circulate copies of this article to my vascular colleagues. They may find this extremely useful as they have not done MSK ultrasound before.

Study 2 - Agreement of Clinical tests for the diagnosis of peripheral arterial disease

Description of the learning - this study looks at the efficiency of 6 clinical tests that front line clinicians perform for the screening of PAD - pedal pulse palpation, spectral Doppler waveform analysis, ABPI measurement, toe pressures, transcutaneous oxygen perfusion. The study found that pulse palpation reports the least presence of PAD and Doppler waveform the highest. The authors found that there are inconsistencies between the agreement of the 6 different modalities used to detect PAD. They suggest that there should be an awareness amongst clinicians with regard to caution when interpreting the results of some tests.

Learning/Evaluation/Conclusion - useful article that demonstrates the constraints of tests performed by frontline clinicians - this bodes the question, are they misdiagnosing some patients of the back of inaccurate clinical examinations?

Action Plan - have an appreciation for the clinical testing involved in PAD and help educate clinicians on the best ways to truly rule PAD in/out - have they taken ABPI's? Have they actively listened to a waveforms? Rely less on the palpation of foot pulses.